

Excise Police & Conservation Enforcement Officers' Retirement Plan

Application for Survivor's Benefit

EXCISE POLICE & CONSERVATION
ENFORCEMENT OFFICERS'
RETIREMENT PLAN
143 W. MARKET STREET
INDIANAPOLIS, IN 46204
(317) 233-4152 / 888-526-1687

PRIVACY NOTICE

Your Social Security number is requested by this agency in accordance with the requirements of IRS Code 3405. Disclosure is mandatory; this form will not be processed without this information.

DECEASED MEMBER INFORMATION

Deceased Member's Name (First, Middle, Last)—Please provide full name. Do not use Initials.		Member's Social Security No.	
Deceased Member's Address at time of Death (Street, City, State)			Zip Code
Deceased Member's Date of Birth (Please submit a copy of the deceased member's birth certificate. Documents showing date of birth may be a photocopy of a birth certificate, a baptismal or confirmation certificate or a court decree. Attach English translation to any foreign document.) ____/____/____ month day year		Date of Death of Deceased Member (Please submit a copy of the member's death certificate.) ____/____/____ month day year	

SURVIVING SPOUSE INFORMATION

Survivor's Name (First, Middle, Last)		
Permanent Mailing Address (Street, City, State)		Zip Code
Area Code-Phone No.	Social Security No.	
Survivor's Date of Birth (Please submit a copy of your birth certificate.) ____/____/____ month day year	Date of Marriage to Deceased Member (Please submit a copy of your marriage certificate.) ____/____/____ month day year	

Signature: _____

NOTARY PUBLIC CERTIFICATION

STATE OF _____	Subscribed and sworn to me this _____ day of _____, 20____
COUNTY OF _____	Signature of Notary _____
COUNTY OF RESIDENCE _____	Printed name of Notary _____